

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039923

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No.

Registrar's No. 444

FILED OCT 24 1962

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Francois Township

Length of stay in 1b
10 Mos.; 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Clayton

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR FOLK LIGGETT STATE HOSPITAL No. 4

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
829 Sudbury

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

HIRAM

SHAW

LIGGETT

4. DATE OF DEATH

Month

Day

Year

Oct 9, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 10, 1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician - - M.D.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Liggett, M. D.

13b. MOTHER'S MAIDEN NAME

Henderson

14. NAME OF HUSBAND OR WIFE

Lucille Gardner Liggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W W I

16. SOCIAL SECURITY NO.

17. INFORMANT Address Personnel Office, State Hospt. #4, Records, Farmington, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

gunshot wound right side of head

INTERVAL BETWEEN ONSET AND DEATH

D.O.A.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

SELF INFLICTED GUNSHOT FROM 38 CAL.

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

6:00 p.m. 10-9-62 REVOLVER

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

FARMINGTON, ST. FRANCOIS

MO

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.

Death occurred at

EST: 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Ted Boyer

Coroner

Bonne Terre, Mo

10-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-11-62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Chapel of Memories Mausoleum, St. Louis County, Mo.

23d. LOCATION (City, town, or county) (State)

1600 St. Charles Rock Rd

24. FUNERAL DIRECTOR

Alexander & Sons Funeral Home, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 10, 1962

26. REGISTRAR'S SIGNATURE

Esther Rudloff

NOV 14 1962

OCT 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.